

Dear Colleagues,

I am writing the first part of this letter as a member of the Selection Committee and the second part to share my feeling about the "fixing"/recipie discussion. The Selection Committee is going through some reorganization and I am soliciting your input and feedback. The Committee will surely appreciate points of view other than those of its members. I am also aware that some of us are disgruntled with the selection process and I want to know what you would like to have changed. We are considering making the following changes in selection requirements:

- opening selection interviews to applicants who fill general prerequisites before instead of after writing their paper or investing much time preparing their application.

I'd like to know if you experienced an advantage to writing your paper before your interview.

- eliminating the college degree requirement.

Do you feel this requirement is an unneeded obstacle to qualified applicants? Would eliminating this requirement eventually lower the professional image of our profession? Some Rolfers feel that having a B.A. or other degree gives them credibility with their client population. Does it also give us credibility with other health care professionals? Do we need this? You know that this is a very flexible requirement.

- eliminating the AMTA requirement.

- lowering the minimum age for applicants from 25 to 22.

R. Stenstadvold has suggested that "An individual's maturity can be readily evaluated during Selection." How do you feel about younger Rolfers working in your area? Do you know 22 year olds that you would recommend to the training? Would you have them work with you personally?

- determining the membership of the Selection Committee.

In our current practice, new members are selected by the existing committee from among the Rolfers who have submitted letters of interest to the committee. This happens when one of the existing members leaves the committee. R. Stenstadvold has suggested that the Executive Committee of the Board and administrators of training centers share in this determination. The Selection Committee generally agrees with this direction.

I'm also interested in knowing what guidelines you would like to see used to evaluate psychological and structural aptitude.

I have a further personal concern about the admission requirements which is that our biological sciences requirement does not call for enough depth of knowledge to support the evolution of the Rolfig work. I look at my own experience with my practice and know that I am now slowly acquiring the anatomical knowledge that I would like to have had when I started my

practice. As a member of the Selection Committee I know that we have difficulty assessing an applicant's bio-science background and that we feel uncomfortable "testing" applicants during their interviews. I'd like to know your opinions regarding these questions:

- Do you feel your bio-science skills are extensive enough to serve your professional purposes?
- Did you have enough background in this area when you came to the Rolfing training?
- Did the Institute's selection requirements prepare you for the Rolfing training and the practice of Rolfing?
- What can we do in the Institute to better evaluate this area of an application?

It is my feeling that the bio-science prerequisite is both soft and unsupported because some or many of us in the Institute feel weak in our own bio-science knowledge and want this weakness concealed. This is my feeling; please correct me if I am wrong.

A clear advantage of "owning" a pretraining is that we could provide some of that bio-science depth that I see as lacking now. The question remains as to who would teach these courses and who else would select the teachers. In his letter, Jan Sultan talks about training Rolfers for therapeutic competence. We simply can't do this kind of training with the amount of background that we are selecting for now. I think that one of the big reasons to stay away from the "fixing" approach is that many of us don't have the knowledge to do it intelligently.

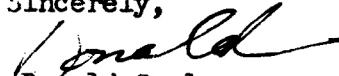
The point that I take to heart from Jan's letter is that we don't need to sell Rolfing short. The way that we fix anything in a body so that it "stays fixed" is to apply the principles of Rolfing to that structure. It often seems that symptomatic relief obtained by a client, by "fixing" their structure in the beginning sessions of a series will free up their attention from their symptoms and make them available for the work of educating their structure to integrity. R. Stenstadvold quotes Ida, "If your real interest is in symptoms and pain then you have no business being a Rolfer." My feeling is that if you are not interested in clients' symptoms and pain and facilitating their relief through structural evolution then you have no business being a Rolfer and that you are probably not paying much attention to what your clients are telling you about why they are in your office. What is Rolfing if not at some level "fixing" a person's relationship to gravity, basing this activity

on our judgement of what is "wrong" i.e. imbalance with their structure.

Thanks for your attention. The Selection Committee will be meeting in the beginning of June to bring the items listed above to resolution. Your input will be most welcome. Please direct your responses to:

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Sincerely,



Donald Soule
Certified Rolfer
Chicago, Illinois